

DENTAL CARE OPTIMIZATION

*Updated: 27
Feb 04*

WHY DCO ???

- ENORMOUS NEEDS OF POPULATION
- SHORTAGE OF HEALTH CARE PROVIDERS
- READINESS: AN ABSOLUTE REQUIREMENT
- COST EFFECTIVE: SATISFY THE BILLPAYERS

PRINCIPLES OF DCO

- Empanelment
- Prevention
- Primary Care Manager
- Practice Manager
- Treatment coordinator
- Labor Substitution

PRINCIPLES OF DCO

- Preplanning appointments
- Interactive Staff Meetings
- Creativity of clinic managers
- Performance Measures
- Incentives

EMPANELMENT

- 1200-1500 SOLDIERS / TEAM
- ADAVANTAGES:
 - ◆ RELATIONSHIPS WITH PATIENTS IMPROVE
 - ◆ PERSONALIZED CARE
 - ◆ LOWER FAILURE RATE
 - ◆ BETTER PATIENT COMPLIANCE
 - ◆ AVOID THE 'FLUCTUATING DIAGNOSIS'
 - ◆ SINGLE POC FOR UNIT SUPERVISORS
- ALMOST EVERY CLINIC CAN DO THIS AT THE 63A LEVEL !!

PREVENTION

- PRACTICAL ADVANTAGE: REDUCES /DELAYS DENTAL DISEASE / INJURY
 - ◆ SEALANTS; MOUTHGUARDS; OHI; FLUORIDE
 - ◆ RISK ANALYSES :ASSURES OPTIMAL DISTRIBUTION OF RESOURCES
- CORPORATE ADVANTAGE: ENHANCES WELLNESS OVERALL; IDENTIFIES DISEASE EARLY IN ITS COURSE
 - ◆ ORAL CA; SMOKING; HYPERTENSION
- ALMOST EVERY CLINIC CAN DO THIS !!

PREVENTION: WHY US ???

- ANNUAL APPOINTMENT/OPPORTUNITY
- MORAL OBLIGATION AS HCP
- COST EFFECTIVE
- “COMBAT MULTIPLIER”

PRIMARY CARE MANAGER

- aka General dentist; team leader
- Roles:
 - ◆ Exam / patient classification/ treatment
 - ◆ Risk assessment
 - ◆ *Specific, detailed* treatment plan which can be used by TC to manage care within parameters of : time, specific provider, sequence, economy of patient visits.
 - ◆ Overseer: Overall responsibility for delivery of dental care to the empaneled cohort

PRACTICE MANAGER: **DUTIES**

- MONITOR SCHEDULING
- WORK WITH TC/ HCP : MAXIMIZE APPT AVAILABILITY / MIN UNFILLED APPT TIME
- PATIENT ADVOCATE
- MEASURE AND REPORT PERFORMANCE
- OTHERS: Personnel, Supply, Information management, Facilitate staff meetings, etc.

TREATMENT COORDINATOR

- “BAY SECRETARY”: EXPER AS DENT ASSIST USEFUL;
- SCHEDULING: ANALYSIS OF PROCESS, AND THEORY OF ‘QUEUES’
- POC / ADVOCATE FOR COHORT
- CONFIRM APPTS / “game the dynamic schedule” ...the foot knows the hand...
- TRACK SPECIALTY APPTS
- TEAM SCHEDULES
- RECORDS MANAGEMENT

LABOR SUBSTITUTION

- AKA "PERSONNEL UTILIZATION"
- 91E: PROPHY; OHI; HEALTH PROMO; RADS
- 91EX2: VITAL SIGNS; PROPHY; ALGINATE; SEALANTS; RADS;
- GS ASSIST: VITAL SIGNS; ALGINATE; RADS; RUBBER DAM; FAB OF PROV CROWNS
- EFDA / DTA: RESTORATIONS, PROPHY
- RDH: LA, OHI, HEALTH PROMO
- DDS: PROPHY, OHI

PREPLANNING APPOINTMENTS

- BASED ON SPECIFIC TX PLAN :
PCM designates parameters of time, sequence, HCP, treatment pairing, treatment interval, etc.
- DELEGATION TO LOWEST SKILL LEVEL APPROPRIATE
- RECOGNIZE AND PROVIDE: “1 STOP SHOPPING” / ECONOMY OF VISITS
- GLIDEPATH TO ‘WELLNESS’ (CL I)

APPOINTMENT PREPLANNING:

**A modified, expanded
'buck slip' and
treatment plan**

INTERACTIVE STAFF MEETINGS

- “TEAM BUILDING” staff feels engaged, valued
- VENTILATION “no retribution zone”; “support group”; “group therapy”, learn valuable things
- EDUCATION “Talk story “ 60% rule
- INSPIRATION Rally the troops for “battle”
- RECOGNITION Catch them doing something right, and accuse them of it in front of their peers
- TRAINING Over and over; rec: appoint staff to train and entertain ‘serious, not somber’

PERFORMANCE MEASURES

- DATA DRIVEN ANALYSIS TO HELP YOU OPTIMIZE PERFORMANCE
- ENLIGHTENMENT, not Chastisement
- METRICS:
 - ◆ READINESS
 - ◆ ORAL WELLNESS
 - ◆ CUSTOMER SATISFACTION
 - ◆ STAFF SATISFACTION
 - ◆ EFFECTIVENESS / EFFICIENCY
 - ◆ PRODUCTIVITY

nnnPERFORMANCE INCENTIVES

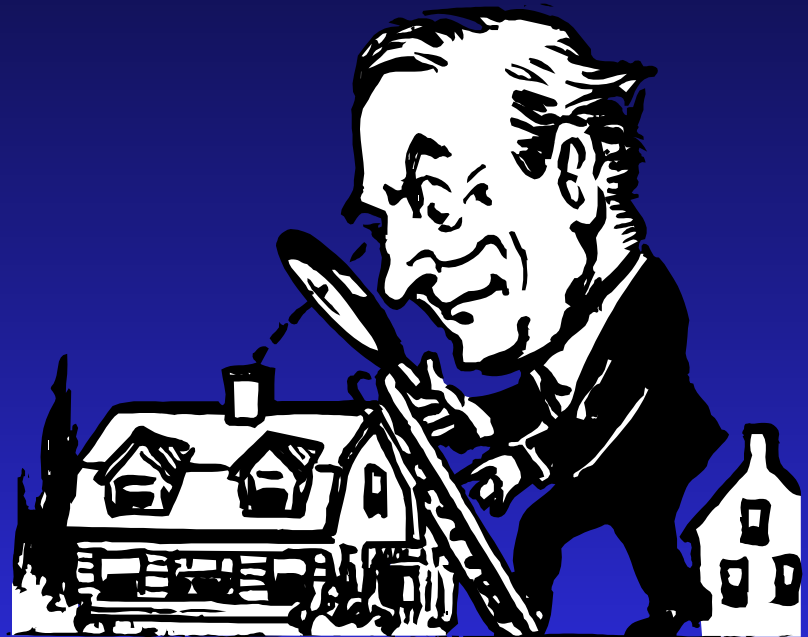
- RECOGNITION: You *must* discriminate !!!
 - ◆ INDIVIDUAL / TEAM
- REWARD: You *must* discriminate !!!
 - ◆ INDIVIDUAL / TEAM
- MONEY/TIME OFF/CE
- HONORARY AWARDS FOR CIV
- INVESTIGATE THE POSSIBILITIES
- MAKE YOUR CASE TO THE
COMMANDER

PERFORMANCE INCENTIVES

- ◆ COMMAND GROUP GUIDANCE: JUST WHAT IS AVAILABLE ??? MONEY, TIME OFF AWARDS ??
- ◆ MILITARY: AWARDS, PASSES ??
- ◆ CIVILIAN: AWARDS, TIME OFF AWARDS, HONORARY AWARDS ??
- ◆ INFORMAL RECOGNITION: “CLINIC AWARDS”
- ◆ TEAM / CLINIC AWARDS: “CLINIC PARTY”

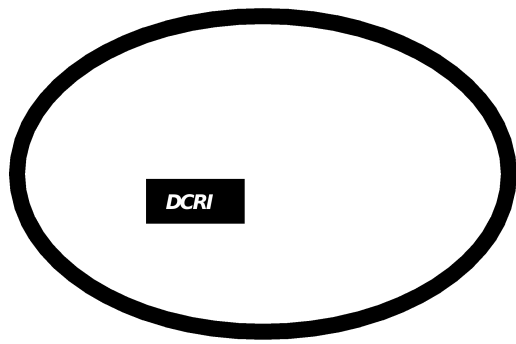
SPACE LIMITATIONS

- *Look at your
current clinic
configuration
- *analysis
- *a plan
- *talk to
DENTAC

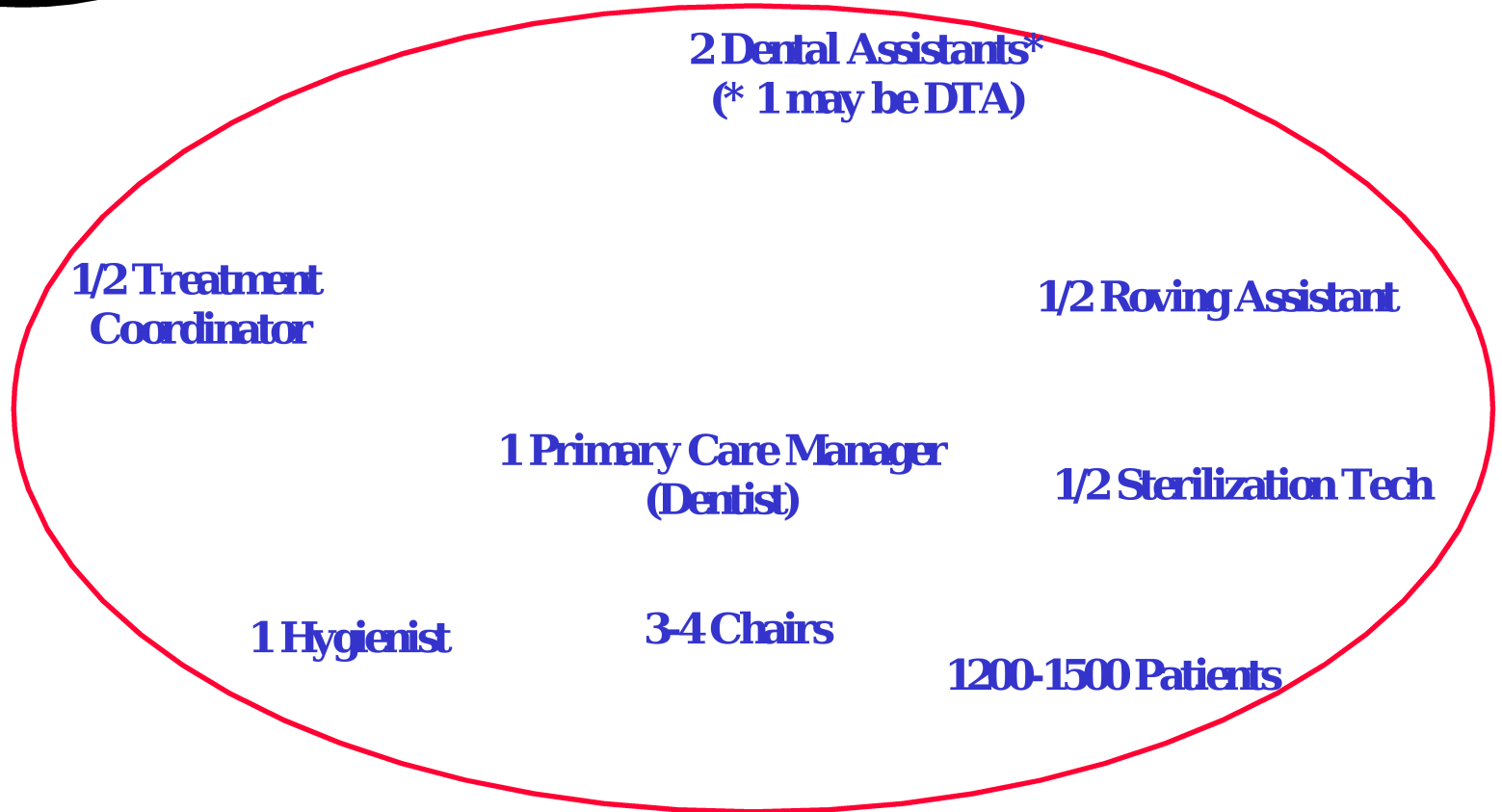


IDEAL DCO TEAM ENVIRONMENT

- SPACE: 3 DTR / DDS; 1 DTR / RDH
- PERSONNEL: 1 DDS; 2 ASSIST; 1 DTA; 1 RDH; 1 TC (SHARED) ; 1 PM (SHARED)
- INTERPERSONAL: ALL COMPETENT, WORK WELL TOGETHER , ENTHUSIASTIC, COMMITTED TO DCO CONCEPTS
- TURNOVER: MINIMAL; 60 DAY OVERLAP
- INCENTIVES: BUDGET SUPPORTS MONETARY INCENTIVES; COMMAND SUPPORTS TIME OFF AND SUBSIDIZED UNIT AWARDS.



'Ideal' Team Configuration



Managing all the dental needs of the panel.

“DOUBLE TEAM” CONCEPT

- DDS
- ASST ASST DTA
- RDH / X2
- {PM} shared
- STRATEGY: Teams work in close proximity, and team members are mutually supportive. Reduces adverse effect of personnel shortage, missing team member, turnover, etc.

THE “SUBOPTIMAL” DCO ENVIRONMENT

■ LIMITATIONS IN:

- ◆ AVAILABLE SPACE
- ◆ AVAILABLE PERSONNEL
- ◆ ATTITUDE AND ABILITY OF STAFF
- ◆ FREQUENT TURNOVER
- ◆ INCENTIVES

“TAKE WHAT YOU CAN FROM DCO..”

- CREATING THE COMPLETE DCO ENVIRONMENT MAY BE IMPOSSIBLE IN YOUR CLINIC
- HOWEVER, ALMOST EVERY CLINIC CAN BENEFIT FROM SOME DCO PRINCIPLES

ATTITUDE OF STAFF

- “SKEW PARADIGM”
- TERRITORIALITY/SENIORITY
- JEALOUSY
- RESENTMENT
- “CARRY ON BAGGAGE”
- CAREER ‘SLACKER’

“ATTITUDE STRATEGY”

- ENCOURAGE TEAMWORK
- REWARD TEAM SUCCESS AND ALTRUISM
- FIND SOMEONE DOING SOMETHING WELL AND MAKE A FUSS OVER THEM !
- MULTIPLE APPEALS: PATHOS, DUTY, HONOR, SERVICE, KEY PLAYER, VALUED TEAMMATE
- LADDER APPROACH: SLOWER, BUT PAYS OFF.

MANAGING TURNOVER

- ASSUME INSTABILITY OF STAFFING
- ASSUME UNDERLAP, AT BEST
- GAME POSSIBILITIES FOR LOSSES
- LEVERAGE STAFF FOR MAX UTILIZATION

MANAGING TURNOVER

- PLAN A STRATEGY FOR TEMP PERSONNEL LOSS. I.E. TOO MANY DOCS, TOO FEW ASSISTANTS.
- ASK STAFF TO WRITE THEIR DUTIES. DEVELOP FILE ON EACH POSITION TO HELP TRAIN INCOMING PERSONNEL
- ENLIST AND “INCENTIVISE” STAFF IN TRAINING OF NEW PERSONNEL

MANAGING TURNOVER

- SENSITIZE COMMAND GROUP TO YOUR LOSSES (DEFINE BUT DON'T WHINE)
- ASK STAFF TO ALERT YOU TO IMPENDING STAFF LOSSES
- RANK ORDER CLINIC PROCESSES; COMMIT REMAINING PERSONNEL ACCORDINGLY, BUT ADVISE COMMAND GROUP